

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-010265

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 6

Primary Registration District No. 5031

Registrar's No. 10

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

6040

3040

3

4 0

5 1

6

7 0

8 2

9157X

10

11

1290-0

131-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

Audrain Co.

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Cuivre Township

Length of stay in lb

ALL of life

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

12 miles S W of Vandalia

Inside limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

COUNTY

Audrain

admission)

c. CITY

OR

TOWN

Cuivre Township

Inside limits

Yes ☐ No ☒

d. STREET

ADDRESS

(If outside, give location)

Vandalia

Reside on Farm

Yes ☒ No ☐

12 miles South West of

## 3. NAME OF DECEASED

First

Middle

Last

4. DATE

Month

Day

Year

(Type or print)

Joseph

Bland

Langford

OF

DEATH

March

19

1963

## 5. SEX

Male

## 6. COLOR OR RACE

White

## 7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

6-13-1884

## 9. AGE (last birthday)

78

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

## 10b. KIND OF BUSINESS OR INDUSTRY

Audrain Co.

## 11. PLACE OF BIRTH (State or country)

Pleasant Plains, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

William Bedford Langford

## 13b. MOTHER'S MAIDEN NAME

Mary Brown

## 14. NAME OF HUSBAND OR WIFE

Alpha Langford

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)

no

## 16. SOCIAL SECURITY NO.

662

## 17. INFORMANT

Alpha Langford, Wellsville, Mo.

## 18. CAUSE OF DEATH (Enter only one cause)

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a)

Hepatic failure

INTERVAL BETWEEN ONSET AND DEATH

3 mo.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

metastatic Cancer

3 mo.

DUE TO (c)

Primary Cancer of Pancreas

5 mo.

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

1-18-62

to 3-1-63

and last saw him alive on 3-1-63

Death occurred at

10:40 A

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

W. D. Codes

(Degree or title)

M.D.

## 22b. ADDRESS

Mexico, Mo.

## 22c. DATE SIGNED

3-22-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

3-23-63

## 23c. NAME OF CEMETERY OR CREMATORY

Wellsville Cemetery

## 23d. LOCATION (City, town, or county)

Wellsville, Missouri

(State)

## 24. FUNERAL DIRECTOR

William B. Waters, Vandalia, Mo.

ADDRESS

## 25. DATE RECD. BY LOCAL REG.

March 23 1963

## 26. REGISTRAR'S SIGNATURE

Malcolm Ferguson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

MAR 29 1963

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William B. Water

Licensed Embalmer No. 4169

P. O. Address Vandalia, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.